



May 2004

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: dderkoorkanian@hrsa.gov or Amanda Ford at (301) 594-4431 or aford@hrsa.gov.

LATE BREAKING NEWS

Greetings!

PEER TO PEER ROSTERING: Grantees, we would like your assistance in developing a roster of peers who are willing to share their CAP/HCAP expertise with other grantees through Peer to Peer Technical Assistance. If you or other consortium staff are interested in providing Peer to Peer TA to your HCAP colleagues, please complete the NEW Peer to Peer rostering form online at www.capcommunity.hrsa.gov to identify your areas of expertise. This will allow us to expand our current roster and provide greater assistance to your HCAP colleagues. Peers will be compensated for the provision of TA.

COVER THE UNINSURED WEEK: If your HCAP community is planning on participating in National Cover the Uninsured Week (May 10-16, 2004) or receives media coverage of their innovative and comprehensive initiatives to cover their uninsured and underinsured populations for this event, please share your story with us! If your HCAP community would like to share their activities for Cover the Uninsured Week, please contact Amanda at aford@hrsa.gov.

Thanks!
Amanda & Diana

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CAP TA CALLS

Technical assistance calls for grantees are generally held every other Thursday from 2 to 3 PM EST. The schedule for May appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the grantee Website: www.capcommunity.hrsa.gov. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call you should immediately receive a confirmation note by email that includes the call-in number. Please be sure to download the materials that will be used. If you have difficulty registering or do not receive the call-in number, please contact Latonya Dunlow at ldunlow@mscginc.com or call 301-577-3100.

CAP TA Calls	
Date	Topic
May 27 th	Medicaid Opportunities for HCAP Sustainability More information will be made available via the HCAP distribution list and on the grantee website.

With the exception of calls related to legal issues, TA calls are summarized and posted on the grantee website (www.capcommunity.hrsa.gov). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Latonya Dunlow at the email above.

GRANTEE NEWS

Access East, Inc

Greenville, North Carolina

Congratulations to HCAP grantee Access East Inc. whose partner hospital, Pitt County Memorial Hospital, was awarded the VHA Award for Community Service. One of the programs highlighted was HealthAssist, the program for the uninsured that was developed and implemented via HCAP. VHA is a national cooperative of leading not-for-profit health care organizations that work together to improve the health of the communities they serve. PCMH was one of eight health care organizations to receive an award from VHA.

"This award demonstrates a long-term commitment to working with our community to

improve health status through expansion of programs and creation of new initiatives," said Deborah Davis, PCMH president. "These programs are all a product of partnerships with other service organizations in the community, and we could not possibly accomplish the outcomes we have enjoyed without their expert participation and support."

PCMH applied for the award citing the strengths and accomplishments of programs for older adults, the uninsured and underinsured, and numerous programs aimed at improving health and reducing obesity among young people.

HealthAssist is a program that helps seniors and others who lack adequate health insurance. At

the end of the last fiscal year, HealthAssist had a total enrollment of more than 1,260 and an active enrollment of approximately 800. Donated services totaled more than \$580,000 in primary and specialty physician visits and nearly \$1.6 million in hospital care. Prescription medications valued at \$323,000 were provided to enrollees, and 242 vision exams for people with diabetes at an estimated value of \$15,730 were conducted. Case management services to enrollees prevented an estimated 49 hospitalizations and 82 emergency department visits. In addition, 2,113 people attended 188 health education and self-improvement classes.

"These health care organizations have demonstrated superb leadership in providing better care for their communities," said Curt Nonomaque, president and chief executive officer of VHA. "Their outstanding work exemplifies VHA's mission to improve America's health care system."

For more information about Access East Inc. and HealthAssist contact Michelle Sawyer at 252-847-6460 or email at msawyer@pcmh.com.

University of Scranton

Scranton, Pennsylvania

University of Scranton's HCAP program, Healthy Northeast Access Program (HNAP), was recently featured in an April 28, 2004 article in the local Citizens' Voice newspaper. Residents of Luzerne and Lackawanna counties who have no health coverage and who do not qualify for medical assistance may receive help from HNAP.

HNAP targets people who have "fallen through the cracks" said Gary Smith, outreach advocate and community relations coordinator for the program. "It targets individuals who do not qualify for a public access card, who can't afford the high cost of health insurance or who work for employers who don't offer health care as a benefit."

Of the 150,000 employed people in Luzerne County, 32,000 have no health insurance. Of the 96,290 employed in Lackawanna County, 24,565 have no health insurance, according to statistics Smith provided. About 1,000 people in Luzerne and Lackawanna counties have enrolled in the Healthy Northeast Access Program. These enrollees are able to see a primary care physician at Wyoming Valley Family Care Center in Kingston, six sites of the Rural Health

Corporation, Scranton Primary Health Care Center or Temple Health Care Center in Scranton. They also receive education. "We teach them how to manage their illness," Smith said. "The savings in dollars is astronomical because connecting clients to a primary care physician diverts them from seeking primary care from the emergency room."

The average basic cost for a doctor's visit in Luzerne and Lackawanna counties is \$65 per visit, excluding X-rays, blood work, medications or specialized tests. The basic cost for an emergency room visit is \$275, excluding tests, blood work and medications. The cost of health insurance has risen approximately 12 percent. According to the Institute of Medicine, adults without health insurance do not get the medical care they need and are likely to die prematurely than uninsured adults.

The Healthy Northeast Access Program is administered by the University of Scranton Center of Public Initiatives. For more information about the program, contact Lisa Baumann at (570) 941-4362, email lbaumann@healthyneaccess.org, or visit <http://www.healthyneaccess.org/>.

Santa Cruz County

Santa Cruz, California

Congratulations to Santa Cruz County, one of 15 model communities nationwide to be invited to participate in *Crossing the Quality Chasm: Redesigning Care and Improving Health in the Priority Areas*, a Washington, DC summit hosted by the Institute of Medicine. Santa Cruz County's Safety Net Coalition (SNC) and Health Improvement Partnership Council (HIPC) - both supported by the HCAP grant - each identified diabetes as a major issue in the community. They decided to partner with the Tri County Regional Diabetes Collaborative to improve care, educate the community, and develop policy to turn the tide of this terrible disease. Because they have been successful in creating a collaborative that crosses public, private, and not for profit sectors, the Institute of Medicine was impressed and invited Santa Cruz to participate in the Summit.

The IOM is well known for its previous study highlighting medical errors. In recent studies, the Institute has focused on quality in health care and is now ready to work with selected communities who are ready to implement significant system reform to bridge the quality

chasm. The summit was designed to stimulate local and national quality improvement efforts and focused on five priority areas: asthma, chronic heart failure, depression, diabetes, and pain control in cancer.

The participants worked together to describe measurable aims and appropriate strategies for their areas of focus – Santa Cruz County was one of four that focused on diabetes. An important goal of the summit was to create

relationships between local community efforts and resources that are available at the national level. The work produced at this summit and the challenges and successes in these selected communities will inform policy and practice in the future as the IOM continues to study and document efforts to bridge the quality chasm. For more information about this program, contact Donna Ramos at (831) 466-4316 or by email at donnamramos@hotmail.com.

GRANT OPPORTUNITIES AND AWARDS

Health Careers Adopt A School Demonstration Program

June 1, 2004 - Application Deadline

HHS' Health Resources and Services Administration recently announced a \$400,000 competitive grant program, Health Careers Adopt a School Demonstration, scheduled for awards in fiscal year 2004. The purpose of the program is to develop model partnerships between community-based organizations, schools and health professionals that expose underrepresented minority and disadvantaged students to health careers. Grant number: HRSA-04-087. For more information visit: <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/04-8889.htm>

Clinical Experience for Nurse Practitioners

June 7, 2003 – Application Deadline

The purpose of this funding opportunity from the Health Resources and Services Administration is to establish partnerships between accredited schools of nursing and Community Health Centers (CHC) funded under the Section 330(e) of the Consolidated Health Center Program, Public Health Service (PHS) Act in order to provide nurse practitioner and/or nurse midwifery graduate students with clinical learning experiences within CHCs. The goal of the grant is to provide nurse practitioner and nurse midwifery students with clinical experience serving underserved populations, to introduce the students to chronic disease management, and to introduce them to integrated mental health and substance abuse services within the CHC's primary care clinics. Based on increased exposure to nurse practitioner and nurse midwifery students, an expected outcome

of this grant includes increased CHC recruitment of graduate nurse practitioners and nurse midwives. Applicants must either be an accredited School of Nursing with a Nurse Practitioner or a Nurse-Midwifery Program, or a CHC funded under Section 330(e) of the PHS Act. Application materials will be available on May 3, 2004 at www.hrsa.gov/grants.htm. For more information, contact Carolyn Aoyama, MPH, CNM, RN, at 301-443-1272 or at caoyama@hrsa.gov.

VHA Grant Opportunity

June 22, 2004 - Proposal deadline

The VHA Health Foundation announces a new grantmaking initiative to foster the best ideas for improving health and health care. The call for proposals, *Creating Better Health Through Innovation*, challenges health care providers and partnerships across the country to submit their most innovative and effective programs for funding consideration. The program will fund six to eight grants, in the range of \$100,000 to \$250,000 that meet the criteria of Innovation, Impact, Replicability and Sustainability. Visit: <http://www.vhahf.org/vhahf/callforproposals.asp>

HHS Accepting Research Recommendations

July 1, 2004 - Deadline

The U.S. Department of Health and Human Services invites suggestions from interested organizations and knowledgeable individuals regarding the highest priorities for research, demonstration, and evaluation projects to support and improve the Medicare, Medicaid, and State Children Health Insurance (SCHIP) programs. The research and other activities undertaken and authorized by this provision may address: the outcomes, comparative clinical

effectiveness, and appropriateness of health care items and services (including prescription drugs); and strategies for improving the efficiency and effectiveness of such programs, including the ways in which such items and services are organized, managed, and delivered under such programs. Recommendations must be received by July 1, 2004 for the FY 2006 priority list. For more information please visit: www.medicare.gov/MedicareReform/researchtopics.asp.

CMS Solicitation

The Centers for Medicare & Medicaid Services (CMS) has released a Solicitation seeking innovative proposals from qualified organizations to run large-scale chronic care improvement projects. The Chronic Care Improvement Program is an important component of the Medicare Modernization Act. This program is the first large-scale chronic care improvement initiative under the Medicare FFS program. CMS will select organizations that will offer self-care guidance and support to chronically ill beneficiaries. These organizations will help beneficiaries manage their health, adhere to their physicians' plans of care, and assure that they seek or obtain medical care that they need to reduce their health risks.

Organizations eligible to apply to implement and operate Chronic Care Improvement programs under Phase I of the Program include: (1) disease management organizations; (2) health insurers; (3) integrated delivery systems; (4) physician group practices; (5) a consortium of such entities; or (6) any other legal entity that meets the requirements of the solicitation in the Federal Register. The Solicitation will be on display on April 20, 2004 and will be published in the Federal Register on Friday, April 23, 2004. For more information on the Program and Solicitation, please visit the CMS website: www.cms.hhs.gov/medicarereform/ccip

Aetna Foundation's Grants Program

Deadline – Varies by Region

The Aetna Foundation's Regional Community Grants Program aims to address critical health issues in communities within Aetna's six business regions. In 2004, the program will focus on reducing racial and ethnic disparities in health care by accepting proposals in the areas of cultural competency and oral health. Grant requests ranging from **\$25,000 to \$50,000** will be considered. For more information, please visit: http://www.aetna.com/foundation/communitygrants/2004_rfp.htm.

CONFERENCES, PROGRAMS, AND OTHER NEWS

Covering The Uninsured: Two Communities' Solutions

Association of Community Health Improvement Audio Conference

Thursday, May 13, 12:00-1:15 p.m. EST

Join the Association for Community Health Improvement's free audio conference featuring two ACHI members' communities. Speakers from Lucas County (Toledo), Ohio and Richland County (Columbia), South Carolina will illustrate how broad, committed partnerships in their communities are achieving demonstrable success in reducing the ranks of the uninsured and enhancing access to care. Come hear what precipitated action, who initiated the partnerships, where they found the money, and how their coverage systems work. In honor of *Cover the Uninsured Week*, this session is **free**, but registration is required. **To register:** Send an e-mail to communityhlth@aha.org with "Register for May 13 audio conference" in the

subject line. Please include your complete contact information in the body of the message. Presentation handouts and call-in information will be e-mailed to registrants in advance of the session. **Call-in space is limited to the first 40 registrants**, but everyone who expresses interest will receive the speakers' presentations.

CDC Prevention Conference On Heart Disease And Stroke

May 14, 2004 - Abstract submission deadline

A call for abstracts has been announced for this year's conference "Charting the Course", sponsored by the CDC, and co-sponsored by the American Heart Association (AHA) and the National Heart, Lung, and Blood Institute (NHLBI). This conference is intended to attract a broad array of health professionals who are actively engaged in heart disease and stroke prevention activities across the country. Abstracts should address programmatic,

epidemiologic, or applied research in two overarching areas: 1) cardiovascular health promotion, and 2) disease prevention through policy and environmental strategies. Accepted abstracts will be published as part of the conference proceedings in the American Health Foundation's Preventive Medicine. For more information please visit: http://www.cdc.gov/cvh/announcements/heart_stroke_conference.htm.

Quality Health Care Conference

May 14, 2004 – Abstract Submission Deadline

The Fourth National Conference on Quality Health Care for Culturally Diverse Populations: Integrating Community Needs into the National Health Agenda will take place from September 28-October 1, 2004 in Washington, DC. This unique national forum delivers learning and networking opportunities on cultural competence issues through presentations, workshops, and roundtables on innovative strategies in cultural competence policy, program design, education, and research.

Presented by a public-private partnership of government, business, philanthropic, and advocacy leaders, the Fourth National Conference will showcase the best of culturally competent health care to national health organizations and leaders, share expertise to advance promising interventions, and develop partnerships to improve access to effective care for all Americans. Without parallel in scope and popularity, this conference series has engaged more than 1,500 attendees from the U.S. and abroad who have participated in conference sessions featuring more than 350 expert speakers over the past three conferences.

Innovators in culturally competent health care are invited to submit proposals for training and workshop presentations. For more information about the conference and proposal guidelines, please visit: www.diversityRx.org/ccconf, e-mail ccconf@downstate.edu, or call 718-270-7727.

Disease Management Strategies

HRSA Managed Care and Health Services Financing Webcast

*Wednesday, May 26, 2004,
1:00 P.M. - 3:00 P.M. (EST)*

Studies have shown that persons with chronic illnesses like diabetes, asthma, congestive heart failure, hypertension and other long-term

diseases use a disproportionate share of medical services. These patients frequently are treated by multiple providers, whose care is usually not well coordinated, potentially leading to duplicative and unnecessary services and driving up medical expenses. Disease management is a set of interventions designed to improve the health of these individuals by working more directly with them and their physicians on their treatment plans regarding diet, adherence to medicine schedules and other self-management techniques. During this webcast you will:

- Learn how to make the case for disease management and to identify value to payors, MCOs and other stakeholders.
- Understand the evolution of evidence-based health care and population-based medicine as they relate to DM.
- Learn about model disease management programs for AIDS, asthma, diabetes and more.
- Identify which skills, data and management systems are needed for a successful disease management program.
- Learn how recent legislation and federal government guidance may provide new funding for disease management efforts.
- Have the opportunity to participate in a question and answer session during the webcast.

For additional information or to register for this FREE webcast, please visit: www.jsi.com/hrsamctac.

The Community Interpreter

*May 31, 2004- Registration Deadline
Baltimore, Maryland*

This 40-hour training covers the ethics, standards of practice and roles of the community interpreter. Along with an overview of the profession of community interpreting, it looks at language access laws, translation and sight translation, types of interpreting and the difference between interpreting and mediation. The core focus is how to reconcile professional ethics and standards of practice for interpreters with the constraints of the bilingual employee's workplace or the limitations placed on volunteer interpreters. Empowering clients, avoiding conflicts with colleagues, learning to say "no," wearing multiple hats, applying interpreter

ethics when a supervisor disagrees and refusing to translate legal documents are some of the key issues. The training will take place on June 4, 5, 12, 18 & 19 from 8:30 AM -5:30 PM in Baltimore, Maryland. A 300-page training manual is included. For more information call 410-750-0365 or send an email to ccc@culturecrossroads.net. For a registration form please visit: www.culturecrossroads.net and click on "Services."

Diabetes Course

October 18-22, 2004, Atlanta, GA

June 11 - Applications Deadline

The Division of Diabetes Translation (DDT) of the Centers for Disease Control and Prevention (CDC) is offering a 5-day course on "Diabetes Public Health and Research." The course will provide training in diabetes epidemiology and public health, and applied research. Participants will be introduced to the standardized measurement(s) of the public health burden of diabetes, and to the rationale, concepts, and methods used in translation research, health economics, social and behavioral research, and community-based interventions and programs. For information on eligibility, course goals, and application process please visit: <http://www.cdc.gov/diabetes/conferences/short/index.htm>.

Access To Pharmaceuticals

June 15-16, 2004, New Orleans, LA

Second in series of Communities Joined in Action Institutes to provide interactive learning opportunities for community coalitions. Learn to

build effective systems for providing pharmacy services to the uninsured and underserved while maintaining cost efficiency.

Develop a needs assessment plan, write an action plan for your program/community and generate strategies for assessing outcomes. CJA members and ACHI members receive a discounted rate, reduced to \$599 from the non-member rate of \$750. For more information please visit: <http://www.cjaonline.net/events/RX.htm>.

Electronic Health Information Exchange Forum

June 24-25, 2004, Washington DC

As another component of the Foundation for eHealth Initiative's effort to help communities mobilize information to support and improve patient care, the Foundation will hold its ***First Annual Connecting Communities for Better Health Learning Forum and Exhibition*** on June 24-25, 2004 at the Omni Hotel in Washington, DC. This practical, hands-on interactive meeting will present another learning and networking opportunity to assist with planning or implementing health information exchange collaboration or electronic health records.

For more information and to register for the event please visit: <http://ccbh.ehealthinitiative.org/CCBHLearningForum.msp>.

REPORTS AND ISSUE BRIEFS

FDA Approves Rapid HIV Test

HHS Secretary Thompson recently announced FDA approval of the use of oral swabs with a rapid HIV diagnostic test kit. The OraQuick Rapid HIV-1/2 Antibody Test provides screening results with over 99 percent accuracy in as little as 20 minutes. About 850,000 to 950,000 Americans are currently living with HIV and a quarter of these don't know they are infected. Approximately 30 percent of people being tested for HIV in public clinics did not come back a few weeks later for the standard test results. This oral test provides an important

option for people who might be afraid of a blood test and will greatly reduce the risk of transmitting HIV to health care workers since they will not be exposed to blood. For more information please visit: <http://www.hhs.gov/news/newsletter/weekly/archive/28mar04.htm>.

Addressing Health Disparities

Addressing Health Disparities In Community Settings: An Analysis Of Best Practices In Community-Based Approaches, is a report to the Robert Wood Johnson Foundation that reviews and describes existing community programs

designed to address health outcome disparities for specific conditions in minorities. The analysis identifies best practices, success factors and the potential contributions of a selected group of community-based initiatives addressing disparities. To view the report please visit: <http://www.newschool.edu/milano/Health/cbohealth/disparitiesfin.pdf>.

Americans' Lack Of Health Literacy

Comprehending medicine's arcane jargon can be difficult for even the most educated of laypeople. It's almost impossible for millions, who can't read well, aren't fluent in English, or have vision or cognitive problems caused by aging. The Institute of Medicine has put a number on just how many people have "limited health literacy" -- a surprising 90 million adults. They have problems following instructions on drug labels, interpreting hospital consent forms, and even understanding a doctor's diagnosis and instructions, the report said.

Low health literacy, exacerbated by the increasing complexity of the nation's health care system, contributes to health disparities among the poor and minorities -- and may cost billions of dollars, the Institute of Medicine report concludes. Shame and stigma play a big role, the report found. Among the report's recommendations:

- The government should pay for research on ways to improve health literacy.
- Health organizations and medical schools should teach health literacy and how to communicate with patients.
- Medicare, insurers, and other health groups should develop creative ways to communicate clear health information (Neergaard, The Associated Press, 4/9).

For more information on this report, please visit: <http://www.iom.edu/report.asp?id=19723>.

RWJF Special Report

The Robert Wood Johnson Foundation (RWJF) is offering an online Special Report, "Can Doctors Improve Patient Health by Preaching Prevention?", exploring how health care professionals can best communicate preventive behavior. This Special Report highlights a study commissioned by RWJF to explore

opportunities for stimulating patient demand for prevention counseling. Holly A. Massett, Ph.D., a senior research scientist with the Health Communication Program at the Research Triangle Institute in Washington, DC, and Lisa S. Wolff, M.A., research supervisor at communications company Porter Novelli conducted the study. They reviewed literature on prevention communication, held more than 30 focus groups, and surveyed more than 1,800 American adults to discover just how patients perceived the role of their doctor when it comes to prevention, and how likely they are to heed their doctor's advice.

The study found that annual physicals and a patient's medical history provide ideal opportunities for communicating preventive advice in the health care setting. Patients want advice and counseling, a personalized plan, additional appointments for follow-up, referrals to experts such as nutritionists, informational materials such as brochures, and the ability to have telephone or e-mail follow-up, either with their doctor or a nurse.

To access findings of this study and an interview with Ms. Massett about her research into physician/patient communication around preventive health, please visit the RWJF Web site at: <http://www.rwjf.org/news/special/doctorsPrevention.jhtml>.

Federal Aid Strengthens Health Care Safety Net

Two new federal initiatives - community health center expansion and Community Access Program grants - have improved access to care for low-income people and strengthened linkages among safety net providers, according to findings from the Center for Studying Health System Change's (HSC) 2002-03 site visits to 12 nationally representative communities.

Grant recipients have added services to fill safety net gaps or to improve collaboration among safety net providers. However, communities with weaker safety nets were less likely to receive federal aid, and funding for both programs is limited, hampering the potential impact on the nation's system of care for low-income and uninsured people.

To view the issue brief, please visit: <http://www.hschange.org/CONTENT/669/>.

Improving Diabetes Care With The Health Disparities Collaborative

This article evaluates the U.S. Bureau of Primary Health Care's Diabetes Health Disparities Collaborative to reduce health disparities and improve diabetes care in 19 midwestern health centers. The report concludes that this initiative "has led to significant improvement in diabetes care in one year as

assessed through chart review." The specific improvement methodology, interventions, and results are discussed.

Visit: <http://www.qualityhealthcare.org/IHI/Topics/ChronicConditions/Diabetes/Literature/Improvingdiabetescareinmidwestcommunityhealthcenterswiththehealthdisparitiescollaborative.htm>.

WEB RESOURCES

Community Learning Network for Electronic Health Information

The Foundation for eHealth Initiative recently launched the Community Learning Network, a key part of its *Connecting Communities for Better Health* Program. It is the first-ever consolidated online resource providing all community stakeholders interested in electronic health information exchange with guidance on how to plan and implement the organizational, clinical, financial, legal and technical strategies to mobilize health care information across organizations to improve the quality, safety and efficiency of health care.

The Community Learning Network is an extensive and growing repository of materials on health information exchange that reflects current research as well as practical, "on the ground" advice and lessons learned from national health care IT experts and pioneering implementers in communities that are engaging in electronic health information exchange. The primary vehicle for disseminating information in the Community Learning Network is an online information sharing network and resource center for communities which aims to help organizations that are moving from paper-based record keeping to electronic health records (EHR) and are creating an interoperable infrastructure to mobilize and share information across institutions within their communities.

To provide feedback on the Learning Network and ResourceCenter, please direct your comments and suggestions to: connectingcommunities@foundationforehealth.org. To access this resource please visit: <http://ccbh.ehealthinitiative.org/>

Child Trends Databank

This is a one-stop-shop for the latest national trends and research on over 80 key indicators of child and youth well-being, with new indicators added each month. In 2002, less than half of all parents who were owed child support in the previous year were paid the full amount of support owed. Children without health insurance are more than twice as likely as other children to have a dental need that could not be met for financial reasons. In 2002, 1 in 10 males ages 3 to 17 had been diagnosed with ADHD. To view these indicators and updates on child maltreatment, heavy drinking among parents, children with limitations, learning disabilities, asthma, and parental smoking visit: <http://childtrends.databank.org>.

Communities in Charge Compendium of Products

Communities in Charge is a competitive grants program funded by the Robert Wood Johnson Foundation that provides funding and technical assistance to help 12 communities design and implement new, or significantly expand existing, community-based approaches to financing and delivering health care to the uninsured.

The Communities in Charge (CIC) Compendium of Products is a collection of CIC products, strategies and byproducts that the CIC communities have developed in their efforts to improve and expand community-based health coverage. The Compendium serves as a single source of information and resources for other communities to readily access. Each CIC community has submitted a list of products to the CIC compendium, many of which are

available in electronic format. Some communities have chosen to manage the distribution of their respective products. In these cases, contact information is provided for those wishing to request specific materials.

To view the CIC Compendium visit:
<http://www.communitiesincharge.org/Compendium/CIC%20Compendium%20of%20Productsv.2.doc>.

